

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kammer et. al.

Title: LOCATION BASED SECURITY MODIFICATION SYSTEM AND METHOD

Appl. No.: 10/053,013

Filing Date: 1/18/2002

Examiner: Abedin, Shanto

Art Unit: 2436

Confirmation No.: 2103

AMENDMENT TRANSMITTAL

Mail Stop **AMENDMENT**
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Amendment and Reply Under 37 CFR 1.111 (14 pages).

The fee required for additional claims is calculated below:

	Claims		Extra			Additional
	As	Previously	Claims	Rate	Claims Fee	
	Amended	Paid For	Present			
Total Claims:	52	-	52	= 0	x \$52.00 =	\$0.00
Independent Claims:	4	-	4	= 0	x \$220.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00 =		\$0.00
				CLAIMS FEE TOTAL =		\$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[] Extension for response filed within the third month:	\$1,110.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$0.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$0.00
[]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$0.00

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date ____/11-11-2008/____

By ____/Matthew J. Swietlik/____

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